

United States Bankruptcy Court		Voluntary Petition																																																																																											
Name of Debtor (if individual, enter Last, First, Middle): Hardy Myrna Michelle		Name of Joint Debtor (Spouse) (Last, First, Middle):																																																																																											
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): M Hardy		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																																																																																											
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 1256		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):																																																																																											
Street Address of Debtor (No. and Street, City, and State): 3 S. Victoria Lane, Streamwood IL		Street Address of Joint Debtor (No. and Street, City, and State):																																																																																											
ZIP CODE 60107		ZIP CODE																																																																																											
County of Residence or of the Principal Place of Business: Cook		County of Residence or of the Principal Place of Business:																																																																																											
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):																																																																																											
ZIP CODE		ZIP CODE																																																																																											
Location of Principal Assets of Business Debtor (if different from street address above): N/A																																																																																													
ZIP CODE																																																																																													
Type of Debtor (Form of Organization) (Check one box.)		Nature of Business (Check one box.)																																																																																											
<input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		<input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other																																																																																											
		TAX-EXEMPT ENTITY (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).																																																																																											
		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13																																																																																											
		Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																																																																																											
Filing Fee (Check one box.) <input type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input checked="" type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.																																																																																													
Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).																																																																																													
Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.																																																																																													
Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																																																																																													
Statistical/Administrative Information <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="12" style="text-align: center; padding-bottom: 5px;">THIS SPACE IS FOR COURT USE ONLY</td> </tr> <tr> <td colspan="12"> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. </td> </tr> <tr> <td colspan="12"> Estimated Number of Creditors <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1-49</td> <td style="width: 10%;">50-99</td> <td style="width: 10%;">100-199</td> <td style="width: 10%;">200-999</td> <td style="width: 10%;">1,000-5,000</td> <td style="width: 10%;">5,001-10,000</td> <td style="width: 10%;">10,001-25,000</td> <td style="width: 10%;">25,001-50,000</td> <td style="width: 10%;">50,001-100,000</td> <td style="width: 10%;">Over 100,000</td> </tr> </table> </td> </tr> <tr> <td colspan="12"> Estimated Assets <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">\$0 to \$50,000</td> <td style="width: 10%;">\$50,001 to \$100,000</td> <td style="width: 10%;">\$100,001 to \$500,000</td> <td style="width: 10%;">\$500,001 to \$1 million</td> <td style="width: 10%;">\$1,000,001 to \$10 million</td> <td style="width: 10%;">\$10,000,001 to \$50 million</td> <td style="width: 10%;">\$50,000,001 to \$100 million</td> <td style="width: 10%;">\$100,000,001 to \$500 million</td> <td style="width: 10%;">\$500,000,001 to \$1 billion</td> <td style="width: 10%;">More than \$1 billion</td> </tr> </table> </td> </tr> <tr> <td colspan="12"> Estimated Liabilities <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">\$0 to \$50,000</td> <td style="width: 10%;">\$50,001 to \$100,000</td> <td style="width: 10%;">\$100,001 to \$500,000</td> <td style="width: 10%;">\$500,001 to \$1 million</td> <td style="width: 10%;">\$1,000,001 to \$10 million</td> <td style="width: 10%;">\$10,000,001 to \$50 million</td> <td style="width: 10%;">\$50,000,001 to \$100 million</td> <td style="width: 10%;">\$100,000,001 to \$500 million</td> <td style="width: 10%;">\$500,000,001 to \$1 billion</td> <td style="width: 10%;">More than \$1 billion</td> </tr> </table> </td> </tr> </table>				THIS SPACE IS FOR COURT USE ONLY												<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.												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Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): Myma Hardy	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: N/A	Case Number: N/A	Date Filed:	
Location Where Filed: N/A	Case Number: N/A	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor: N/A	Case Number: N/A	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A		Exhibit B	
(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		(To be completed if debtor is an individual whose debts are primarily consumer debts.)	
N/A		I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).	
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<input checked="" type="checkbox"/> N/A Signature of Attorney for Debtor(s) (Date)	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.			
<input checked="" type="checkbox"/> No.			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition:			
<input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
(Name of landlord that obtained judgment)			
(Address of landlord)			
Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification (11 U.S.C. § 362(l)).			

B 1 (Official Form) 1 (1/08)

Voluntary Petition
(This page must be completed and filed in every case.)

Name of Debtor(s):
Myma Hardy**Signatures****Signature(s) of Debtor(s) (Individual/Joint)****Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X Myrna Hardy

Signature of Debtor

X W/A

Signature of Joint Debtor

Telephone Number (if not represented by attorney)

8472043219

Date

12-1-09

Signature of Attorney*

X N/A

Signature of Attorney for Debtor(s)

Printed Name of Attorney for Debtor(s)

Firm Name

Address

Telephone Number

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

B 1D (Official Form 1, Exhibit D) (12/08)

UNITED STATES BANKRUPTCY COURT

In re Niyrna Hardy
Debtor

Case No. _____
(if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor:

Date: 12/1/09

Capital One

Payment Options Change options
Fund: Paid and Closed CHECKING
Memo:

Payment option: Recurring
Amount: \$145.00
Frequency: Once a Month (default)
Start payments on: 06/26/2006
End payments on: 08/25/2006

Discover card

Memo: Acc# 6011007838845765

Annual % Rate: 21.24%

Phone: 1-800-347-2683

Mailing Address: PO box 6103, Carol Stream IL 60197-6103

PO Box 15316, Wilmington IL, DE 19850

Balance: \$2,732.65

HP Shopping

Payment Options Change options
Fund: Paid and Closed CHECKING
Memo:

Payment option: Recurring
Amount: \$52.00
Frequency: Once a Month (default)
Start payments on: 07/03/2006
End payments on: 08/01/2006

NICOR GAS

Payment Options Change options
Funding account: PERSONAL FREE CHECKING
Acc# 37-47-77-1000 0 Due Date: 10/09

Phone: 1800-310-0566

Mailing Address: PO Box 310, Aurora, IL 60507-0310

Bal: 480.00

Memo: Applied for LIHEAP

Pellettieri & Associates, LTD

Payment Options Change options
Funding account: PERSONAL FREE CHECKING
Memo: Ref. # 3146597 (Amount owed \$158.51)

Pay: Paid and Closed
Am:

Frequency: Once a Month (default)
Start payments on: 06/23/2006
End payments on: 08/22/2006

SAM'S CLUB

Acc#771 4 150748985405 Due Date: 30/09

Annual % Rate: 27.97%

Phone: 1800-964-1917

Mailing Address: PO Box 530942, Atlanta, GA 30353-0942

Inquiries Address: PO Box 981064, El Paso, TX 79998-1064

Balance: \$2,180.32

Memo:

St. Alexius Medical Center

Payment Options Change options

Funding account: PERSONAL FREE CHECKING

Memo: financial services acc# F007582281

Pay

Am Paid and Closed

Frequency: Once a Month (default)

Start payments on: 06/20/2006

End payments on: 12/20/2006

U.S. Dept. of Education

Memo: Student Loan acc# 353-62-1256 Amounts: \$50.00

Frequency: Once a Month - Start payments on: 06/28/2006

Phone: 800-848-0979

Add: PO Box 5609, Greenville TX, 75403

VILLAGE OF STREAMWOOD

Payment Options Change options

Funding account: PERSONAL FREE CHECKING

Memo: Water & Sewer acc#274-0087-00-00

Payment option: Recurring

Amount: \$30.00

Frequency: Once a Month (default)

Start payments on: 06/13/2006

End payments on: Continue payments indefini

T-Mobile

PO BOX 742596

CINCINNATI OH 45274-2596

acc#420876042

Payment Options - Manual

Best Buy Reward Zone Program MasterCard (HSBC bank)

Acc# 5156-2500-0329-8306 - Bal: 2,400.18

Due Date: 03/09 - Annual % Rate: 14.240%

Phone: 1800-419-4959

Mailing Address: PO Box 17051, Baltimore MD 21297-1051

Inquiries Address: PO Box 80045, Salinas CA 93912-0045

PO Box 5253, Carol Stream IL, 60197

Citizens Automobile Finance, Inc.

Acc# 2720198965 due date: 24/09

Annual % Rate: 9.990%

Phone: 1877-265-3278

Mailing Address: PO Box 42113 Providence, RI 02940-2113

Inquiries Address: PO Box 42002 Providence, RI 02940-2002

Bal: 13,120.17 12,914.07

Direct Loans

Acc# XXX-XX-1256 due date: 7/09

Annual % Rate: %

Phone: 1800-848-0979

Mailing Address: US Dept. of Ed - PO Box 530260 Atlanta, GA 30353-0260

Bal: 766.64

Center For Physical Health

Acc# 6398HM00

Phone: 847-301-8585

Mailing Address: 2201 W. Schaumburg Rd , Schaumburg, IL 60107

Bal: 314.66

Arnold R. DeAngelis, DDS, Ltd.

445 W. Jackson Ave. Suite 104

Naperville, IL 60540

Phone: 630-961-585

Chart No. HA0056 Balance \$458.70

St. Alexius Medical Center

Collections: RCS – Revenue Cycle Solutions, Inc

Acc# F00028456663 Service date: 6/06/09 Balance; \$31.00

Acc# F00028330512 Service date: 5/15/09 Balance; \$103.30

Phone: 1-877-409-6063

Mailing Address: 21219 Network Place, Chicago IL 60673-1212

Check Payable to: Saint Alexius Medical Center

Harris & Harris, LTD; 222 Merchandise Mart Plaza, Suite 1900, Chicago, IL 60654

Phone: 866-850-4912

Acc# F00026568907 Balance \$364.90

Acc# F00027599083 Balance \$131.75

Alex Bros Behavioral HLTH Hospital acc# 247682 Bal. \$20.00

City of Chicago Dept. of Revenue

Ticket # 0056863254 Notice Number; 501722580

Balance \$120.00

Ticket # 0018374917 Notice Number; 501722580

Balance \$60.00

US Cellular (Portfolio Recovery Associates)

Account # 960510737 Bal: \$1,297.95
Account #960476093 Bal: \$548.71
Phone: 1800-772-1413
Mailing Address: 120 Corporate Boulevard, Norfolk, VA 23502

Village of Streamwood Police Dept Traffic Division

(Northwest Collectors Inc) Ticket # P. 00135478 \$50.00
Phone: 847-255-1904
Mailing Address: 3601 Algonquin Rd, Suite 232, Rolling Meadows, IL 60008-1519

Village of Schaumburg Police Dept

(Professional Account Management, LLC – Collection Service Dept)
Ticket # 000683740 acc#10728925
Balance \$240.00
Phone: 877-501-9923
Mailing Address: PO Box 391, Milwaukee WI, 53201-0391

Bastian Voice Institute (Merchants Credit Guide Co. acc# 4357)

File# 08-092920014 Bal. \$220.50
File#804047 _____ Bal. \$53.00
Executive Office: Suite 900, 223 W. Jackson Blvd., Chicago IL, 60606
Phone: 888-249-3811

Malcolm Gerald & Associates

Acc# 5511287 Bal. \$80.00
332 So. Michigan Ave., Suite 600, Chicago IL, 60604

Account Recovery Services

Acc# D26321 _____ Balance \$483.00
Phone: 414-479-3800
Add: 3031 N. 114th St, Wauwatosa WI, 53222

Asset Management Out

Acc# 6111 _____ Balance \$465.00
Phone: Not Listed
Add: 401 Pilot Ct Ste A, Waukesha WI, 53188

Verizon Wireless (Charge Off)

Acc# 8852084130 _____
Phone: 800-852-1922 Balance \$721.00
Add: 1515 Woodfield Rd Ste 140, Schaumburg IL, 60173

Biehl & Biehl (Chicago Sun Times Circulation)

Acc# 4810335 Bal: \$7.00

Phone: 800-837-2434

Add: PO Box 67410, Carol Stream IL, 60188-7410

Pitroda Medical LLC

Acc# 14 Bal: \$14.90

Phone: 708-532-6029

Add: PO Box 967 Tinley Park IL, 60477-0967

Advocate Medical Group

Acc# 1000611976 Bal: \$25.00

Phone: 847-390-5900 Fax: 847-390-5450

Add: 701 Lee St. Des Plaines IL, 60016

PO Box 92523, Chicago IL, 60675-2523

Midwest Emergency Associates LLC

Acc# 135399 Refer# 2292465 Bal: \$8.30

Phone: 800-574-1731

Add: PO Box 5963, Carol Stream IL, 60197

Greater Elgin Emergency Specialist LTD (Creditors Collection Bureau)

File# 2754074 Client ID#183253.0

Bal: 378.00

Phone: 815-928-6553 888-400-6028

P.O. Box 63, Kankakee, Il. 60901-0063

Poplar Creek Public Library District

Id: 21339001829305 Bal: 62.00

Phone: 630-837-6800

Add: 1405 S. Park Blvd. Streamwood, Il. 60107-2997

Clerk Of The 18th Judicial Circuit Court

Case# 2009TR116366

Fine\$85.00

Olympic Chiropractic & Physical Therapy

Acc#2394 Bal: \$30.00

Phone: 630-833-4437

Add: 533 So. York Rd. Ste D, Elmhurst IL.60126-3951